

September 3, 2013

**CONTAINS CONFIDENTIAL BUSINESS INFORMATION**  
**SENT VIA E-MAIL to [friedman.dana@epa.gov](mailto:friedman.dana@epa.gov)**  
**and**  
**FED EX COURIER TRK #796597599240**

Pesticide Re-Evaluation Division  
U.S. EPA (7508P)  
One Potomac Yard  
2777 South Crystal Drive  
Arlington, VA 22202

Attn: Dana Friedman, Chemical Review Manager

RE: **Metribuzin Data Call-In 90-Day Response**  
#GDCI-101101-1304

Dear Ms. Friedman:

Makhteshim Agan of North America (MANA) Inc. is the agent on file for Agan Chemical Mfg, Ltd. Enclosed please find our 90-day response to the above referenced DCI. In support of this submission, the following documents are enclosed:


- Application for Pesticide Submission (8570-1)
- Completed Data Call-In Response form
- Completed Requirements and Registrant's Response forms
- Copy of our Confidentiality Agreement with Bayer

If you need anything else during the course of this review, you may contact me at phone: 919-256-9337 or e-mail: [kknnox@manainc.com](mailto:kknnox@manainc.com)

Best regards,



Kristen B. Knox  
Federal Regulatory Manager



SEP 05 2013

www.manainc.com

P: (919) 256-9300  
F: (919) 256-9308

3120 Highwoods Blvd.  
Suite 100  
Raleigh, NC 27604



United States Environmental Protection Agency  
Washington, D.C. 20460  
**DATA CALL-IN RESPONSE**

OMB Approval 2070-0174

INSTRUCTIONS: Please type or print in ink. Please read carefully the attached instructions and supply the information requested on this form.  
Use additional sheet(s) if necessary.

1. Company Name and Address AGAN CHEM MFG, LTD 3120 HIGHWOODS BLVD., SUITE 100 RALEIGH, NC 27604		2. Case # and Name 0181 - Metribuzin Chemical # and Name: 101101 Metribuzin		3. Date and Type of DCI and Number 05-Jun-2013 GENERIC ID # GDCI-101101-1304	
4. EPA Product Registration	5. I wish to cancel this product registration voluntarily	6. Generic Data		7. Product Specific Data	
		6a. I am claiming a Generic Data Exemption because I obtain the active ingredient from the source EPA registration number listed below.	6b. I agree to satisfy Generic Data Requirements as indicated on the attached form entitled "Requirements Status and Registrant's Response."	7a. My product is an MUP and I agree to satisfy the MUP requirement on the attached form entitled "Requirements Status and Registrant's Response."	7b. My product is an EUP and I agree to satisfy the EUP requirement on the attached form entitled "Requirements Status and Registrant's Response."
11603-37			✓	NA	NA
8. Certification: I certify that the statements made on this form and all attachments are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine, imprisonment or both under applicable law.					9. Date
Signature and Title of Company's Authorized Representative <i>Justin Knox</i> Federal Regulatory Manager					August 29, 2013
10. Name of Company Makhteshim Agan of North America (MANA) Inc.					11. Phone Number 919-256-9337

United States Environmental Protection Agency  
Washington, D.C. 20460  
**REQUIREMENTS STATUS AND REGISTRANT'S RESPONSE**

OMB Approval 2070-0174

INSTRUCTIONS: Please type or print in ink. Please read carefully the attached instructions and supply the information requested on this form. Use additional sheet(s) if necessary.

<b>1. Company Name and Address</b>  AGAN CHEM MFG, LTD 3120 HIGHWOODS BLVD., SUITE 100 RALEIGH, NC 27604		<b>2. Case # and Name</b>  0181 - Metribuzin Chemical # and Name: 101101 Metribuzin			<b>3. Date and Type of DCI and Number</b>  05-Jun-2013 GENERIC ID # GDCL-101101-1304				
4. Guideline Requirement Number	5. Study Title	P R O T O C O L	Progress Reports			6. Use Pattern	7. Test Substance	8. Time Frame (Months)	9. Registrant Response
			1	2	3				
	<b>Environmental Fate Data Requirements (Conventional Chemical)</b>								
835.4300	Aerobic aquatic metabolism	N				U,C,B,A	TGAI	24	2
835.4400	Anaerobic aquatic metabolism	N				U,C,B,A	TGAI	24	2
835.6100	Terrestrial field dissipation (4)	N				U,C,B,A	TGAI	24	2
835.6200	Aquatic field dissipation (3)	N				U,C,B,A	TGAI	12	2
	<b>Post-Application Exposure Data Requirements (Conventional Chemical)</b>								
875.2100	Foliar dislodgeable residue dissipation	N				U,C,B,A	TGAI	12	2
	<b>Terrestrial and Aquatic Nontarget Organisms Data Requirements (Conventional Chemical)</b>								
850.2100	Avian acute oral toxicity test (1)	N				U,C,B,A	TGAI	24	2
850.2300	Avian reproduction test (2)	N				U,C,B,A	TGAI	24	2
<b>10. Certification:</b> I certify that the statements made on this form and all attachments are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine, imprisonment or both under applicable law.							<b>11. Date</b>  August 29, 2013		
Signature and Title of Company's Authorized Representative <u>Kristy J. Kna</u> Federal Regulatory Mgr							<b>13. Phone Number</b> 919-256-9337		
<b>12. Name of Company</b> Makhteshim Agan of North America (MANA) Inc									



United States Environmental Protection Agency  
Washington, D.C. 20460  
**REQUIREMENTS STATUS AND REGISTRANT'S RESPONSE**

OMB Approval 2070-0174

INSTRUCTIONS: Please type or print in ink. Please read carefully the attached instructions and supply the information requested on this form. Use additional sheet(s) if necessary.

1. Company Name and Address  AGAN CHEM MFG, LTD 3120 HIGHWOODS BLVD., SUITE 100 RALEIGH, NC 27604		2. Case # and Name  0181 - Metribuzin Chemical # and Name: 101101 Metribuzin			3. Date and Type of DCI and Number  05-Jun-2013 GENERIC ID # GDCI-101101-1304				
4. Guideline Requirement Number	5. Study Title	P R O T O C O L	Progress Reports			6. Use Pattern	7. Test Substance	8. Time Frame (Months)	9. Registrant Response
			1	2	3				
870.7800	<b>Toxicology Data Requirements (Conventional Chemical)</b>  Immunotoxicity	N				U,C,B,A	TGA1	12	2
KOK 8-29-13									



United States  
Environmental Protection Agency  
Washington, DC 20460

☐ Registration  
☐ Amendment  
☒ Other

OPP Identifier Number

**Application for Pesticide - Section I**

1. Company/Product Number Agan Chemical Mfg, Ltd / #11603	2. EPA Product Manager Dana Friedman	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Metribuzin Technical / #11603-37	PM#	
5. Name and Address of Applicant (Include ZIP Code) Makhteshim Agan of North America, Inc. 3120 Highwoods Blvd #100 Raleigh, NC 27604 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	

**Section - II**

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input checked="" type="checkbox"/> Other - Explain below.

**Explanation:** Use additional page(s) if necessary. (For section I and Section II.)

90-day response for Metribuzin GDCI-101101-1304

**Section - III**

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____	
* Certification must be submitted		If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt	No. per container
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/>	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper, glued <input type="checkbox"/> Stenciled			<input type="checkbox"/> Other _____		

**Section - IV**

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Kristen B. Knox	Title Federal Regulatory Manager	Telephone No. (Include Area Code) 919-256-9337	
<b>Certification</b> I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 	3. Title Federal Regulatory Manager		
4. Typed Name Kristen B. Knox	5. Date September 3, 2013		

